## MULTIPLE DEPENDENT CLAIM SERIAL NO. FEE CALCULATION SHEET 101 595361 (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER AS FILED I"AMENDMENT 3 MAMENDMENT I"AMENDMENT 1 AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 4. <u>25</u> <u>75</u> 50° TOTAL DO. TOTAL DO. TOTAL DEP. TOTAL DEP. TOTAL CLAIMS TOTAL CLAIMS PTO - 1360 (REV. 11/04)

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